



# Georgia Society of Health-System Pharmacists

Our Mission is to help our members become better practitioners.

## August 2016 Newsletter

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### GSHP members recognized by GSHP.

Congratulations to the following members who were recipients of various awards from GSHP.

[Glass Receives Service to the Society Award](#)

[Pharmacist of the Year 2016-Steve Carlson](#)

[Web Redesign Committee Thanked](#)

[Outstanding District Director-2016-Collin Lee](#)

[Community Service Award 2016-Margaret Oates](#)

[Outstanding Young Health-System Pharmacist Award-Newsome and Hawkins](#)

[Outstanding Residency Preceptor Award-Rocker](#)

[Outstanding Pharmacy Practitioner Award-Cross](#)

[Patel thanked for new logo](#)

[Twenty-five year practitioners for 2016](#)

[Outstanding Intern/Extern Award 2016-Vincent Tran](#)

[Outstanding Committee Chairs-2016- Lundquist and Muphy](#)

[Outstanding Pharmacy Professional Representative Award-Tighe](#)

## Leslie Jagers installed as GSHP President

It is an honor to stand before you today as GSHP's president. I would like to express my appreciation to Lisa Gersema for being here on behalf of ASHP and conducting the ceremony. It is symbolic of the strong relationship between ASHP and its affiliate state chapters.



My husband, Rondell and I have been active members of this organization since we moved to Atlanta in 1999. I can truly say that it is a privilege to be able to give back to an organization that has given us so much over the past 17 years. For us, GSHP has not just been about the CE, the fun state-wide meetings, or the strong legislative presence at the state capital. It has been about the people; the opportunity to engage with like practitioners across the state to share ideas and support each other through the ever more difficult challenges of working in

health care; of caring for the sick. It has also been about the opportunity to expand our circle of colleagues and friends.

I am also excited to serve this organization that I believe is easily one of ASHP's strongest state affiliates. Having worked for ASHP for almost 5 years and now having attended several state affiliate workshops, I can personally testify that GSHP does a lot for its members. Most other chapters are lucky to host one state-wide meeting annually let alone 3; most can only dream of having an official state lobbyist; but what I think is especially important to note, is that GSHP is not an organization that is resting on its laurels with complacency. Yes it is true, some of our structure and programming have been in place for many years; and we will continue to maintain programs that resonate with our members. But, thanks to the dedication of current and prior leadership and the longstanding support of our executive director, Steve Glass, GSHP continues to evolve and improve.

This past year, under the leadership of Chris Bridgers, we have seen the launch of a completely overhauled website. Although still a work in progress, it will make it easier to stay abreast of upcoming GSHP activities and more importantly, help members connect and become involved. We are now hosting monthly director of pharmacy conference calls that facilitate the sharing of pertinent and timely information. These calls have become so popular that we recently expanded the concept to those who want to discuss clinical issues. To supplement the "in person" CE provided at our state wide and local district meetings, we are now hosting periodic webinars. This has also proven to be a great way to give our pharmacy residents additional public speaking experience. We recognize that we have to work to maintain relevance to our ever-changing membership and we will continue to challenge ourselves to create new opportunities for members to become involved, both in big and small ways.

For example, did you know GSHP has a Facebook page and a Twitter account. So what? Well this barely baby boomer will admit that I've never had my own Facebook page nor have I ever tweeted a single thought. But that doesn't mean I don't recognize what popular mediums of communication they are and more importantly, how professional associations are leveraging use of these methods to better engage with members. While it is notable GSHP

has these forms of communication, are we optimizing how we use them? Are you the very person to offer us ideas about how to better utilize them? You see, the vibrancy of this organization will not dependent upon me at all, but upon active and engaged members like yourselves. I sincerely hope you will consider joining me in the next year to carry this organization and our profession forward into the future.

On a more personal note, I want to share that being installed as GSHPs president also marks a very special moment in my own professional career. Like many of my predecessors, this has been a time to look back and reflect on my professional journey and the many special people who helped get me where I am today.

As I look over the list of past presidents, I am humbled to join a list a very special leaders from our state and I am truly blessed to be able to call a number of them colleague, mentor, teacher, friend....and oh yes, husband. If you will indulge me for a few more minutes, there are a few specific people I would like to recognize.

I must begin by recognizing my parents. Neither had a career in healthcare but they fully supported me though my very long pharmacy education. More importantly, I learned much from the examples they set; from how they lived their lives. Both had a strong sense of community and they engaged with their community by volunteering their time and leadership skills to many civic and charitable organizations. Through them, I saw firsthand how their lives were enriched by volunteering; how it expanded their circle of friends.

As I think back to my formative years in pharmacy school at UGA, I don't just think about the professors who influenced critical decisions in my early career, such as the decision to seek residency training; but in particular, those who through the years have continued to demonstrate an active interest in my career and personal growth - George Francisco, Rusty May and Joe Dipiro. Quite ironically, all three of these individuals are former pharmacy residents of the University of Kentucky.

Speaking of which, I will forever be grateful for my experience as a University of Kentucky pharmacy resident, not just for the important life lessons for how to adapt and be successful in pharmacy but for the lifelong friendships and professional support that having a Kentucky "R" (resident) number brings. One very special fellow resident is Marie Jackson.

I have held several jobs throughout my career but the one that has been the most rewarding and the most challenging has been my current position as a cardiovascular clinical specialist at Piedmont Atlanta. Seventeen years ago, I moved to new city and started a job at this hospital where I hardly knew anyone. I am sure many of you have had a similar experience but let me take it a step further. My boss was not a pharmacist and had never had a pharmacist report to her before. I was surrounded by other health care providers who really didn't know what I would ultimately have to offer for I was the first person to serve in this position. It had the potential to be an intimidating and very lonely situation, if it weren't some of my Piedmont pharmacy colleagues.

Many of you know Sarah Mullis, not just because of her many years of service as the director of pharmacy at Piedmont but also because of her longstanding involvement and leadership within GSHP. I first met Sarah, not at Piedmont, but when I was a collegian at UGA. She

was my advisor when I was serving in my first very challenging volunteer leadership role, not in pharmacy school but in my sorority. That interaction marked the beginning of what has become a lifelong friendship.

Sarah has mentored and supported me through many career and volunteer decisions and like my parents, I have learned much from the example of how she has lived her life.

If you are around Sarah for a few minutes, you will quickly appreciate what a witty sense of humor she has. At Piedmont, I often witnessed how she would sometimes interject his humor in some very serious meeting environments and quickly dissipate the tension in the room. It helped me to appreciate importance of humor in helping us to cope with the difficulties of healthcare and life.

Sarah has spent her entire adult life devoting her time and talents to service leadership, both inside and outside of pharmacy. If you ask her why she has given so much of herself, she will tell you... because you always get back so much more than you give. I concur.

I am also grateful to the clinical pharmacy staff at Piedmont for accepting me as a colleague, including me in their celebrations, providing me with much needed advice on non-cardiac clinical issues, but most importantly, for allowing me the privilege of helping to educate the pharmacy residents. A couple in particular I'd like to recognize.

Naadede Badger-Plange and Rosemary Cross, I have watched you grow from Piedmont pharmacy residents into the accomplished and responsible practitioners that you are today. It has been an honor to have you recognize me as one of your mentors along the way. Today, I can say "back at you." To witness how you handle your complicated roles within the hospital and maintain your unwavering commitment to your husband and children, yet still make the time for service leadership.... Girls, you inspire me.

And finally, to the other Jagers: Rondell, for over 20 years now, we have shared our lives and our passion for pharmacy. All too often, I must admit that I find myself complaining about your professional commitment, you know that other woman, Ms. Grady Health System, (which is how I often refer to where he works). Today I want to set the record straight. There is no pharmacist that I respect more for your commitment to your staff and the patients you serve, for your involvement and dedication to our profession. I am looking forward to my time in service to GSHP, knowing that you will be beside me, supporting me every step of the way.

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## **GSHP Fall meeting October 21-23, 2016**

Our statewide educational calendar concludes in October each year at the wonderful Brasstown Valley Resort. The meeting contains 14.5 hours of continuing education and exhibit program. The location is an ideal Fall weather venue with crisp air, fireplaces, beautiful sunset view and a wide variety of activities.

[Brasstown Valley Resort](#)

[Directions](#)

Young Harris, GA

[Brasstown Valley Resort Photos](#)



Agenda

DATE/TIME	TALK	SPEAKER
<b>FRIDAY 10/21</b> <b>(6 HOURS)</b>		
7:45am- 8:40am (1 hour)	General Care of the Pediatric Burn Patient (with a focus on inpatient and outpatient medication management) Objectives: 1. Describe different types and depths of burns 2. Discuss pain management strategies for the pediatric burn patient 3. Review pharmacological management of itching in the pediatric burn patient 4. Review topical agents used for burn wound care 5. Discuss pharmacological attenuation of the hypermetabolic state in large burns	Rita M. Gayed, PharmD, BCCCP  Critical Care Pharmacist Specialist- Burn Center
8:45am-9:40am (1 hour)	New Drug Update 2015: A Formulary Approach Objectives: 1. Compare and contrast newly approved drugs with older agents regarding their pharmacology, pharmacokinetics, efficacy, safety, dosage and cost. 2. Apply the "formulary approach" to evaluating new drugs. Analyze potential utility of drugs in the pipeline for possible release in the next two years.	Rusty May, Pharm.D., FASHP Clinical Professor UGA College of Pharmacy
Break 9:45am - 10:00am	—	—

10:00am-10:55am (1 hour)	<p>Law Update</p> <p>Objectives:</p> <ol style="list-style-type: none"> <li>1) Understand the changes and updates related to the Prescription Drug Monitoring Program (PDMP) under HB900.</li> <li>2) Identify the changes in drug repository guidelines as described in the Drug Repository for Unused Meds for Indigent and Elderly bill under HB897.</li> <li>3) Recall the updates to Immunization Protocol Agreements as outlined under HB1043.</li> <li>4) Understand the role biosimilar medications play in today's pharmaceutical market and the laws that involve this class of medications.</li> <li>5) Describe recent updates and changes by the Georgia Board of Pharmacy to the Rules and Regulations of the State of Georgia.</li> </ol>	<p>Joshua D. Kinsey, Pharm.D. Department of Pharmacy Practice Clinical Assistant Professor, Community Pharmacy Director, Community Pharmacy Residency Program</p>
11:00am-1pm	Lunch w/ exhibit	-----
1:00pm -1:55pm (1 hour)	<p>Best Practices in Controlled Substance Management</p> <p>Objective:</p> <ol style="list-style-type: none"> <li>1. 1. Highlight key state, federal, and regulatory requirements for the management of controlled substances.</li> <li>2. 2. Review ASHP Guidelines for successful development of a drug diversion prevention program.</li> <li>3. 3. Discuss best practices for personnel management and investigation/reporting requirements when drug diversion has been detected or confirmed.</li> </ol>	<p>Christy M. Norman, PharmD, MS, BCPS Administrative Director of Pharmacy AU Medical Center</p>
2:00-2:15	Break	
2:15pm -3:10pm (1 hour)	<p>Observational analysis and its use in contemporary pharmacy practice</p> <p>Objectives:</p> <ol style="list-style-type: none"> <li>1. List various types of observational trials.</li> <li>2. Explain the usefulness of observational trials when compared to randomized controlled trials.</li> <li>3. Identify methods to reduce bias in observational trials.</li> <li>4. Compare observational trials to randomized controlled trials.</li> <li>5. Explain how data from observational trials can provide answers regarding effectiveness.</li> </ol>	<p>Anthony Compton, PharmD Principal, Research Initiatives Premier Research Services</p>
3:15pm - 4:15pm (1 hour)	<p>Medical Marijuana: A New Therapeutic High Point?</p> <p>Objectives:</p> <ol style="list-style-type: none"> <li>1. 1. Identify the active components of medical marijuana and the specific products approved by the FDA.</li> <li>2. 2. Discuss the indications medical marijuana.</li> <li>3. 3. Identify side effects associated with medical marijuana</li> <li>4. 4. Differentiate between medical marijuana and synthetic THC</li> <li>5. 5. Discuss common myths and misperceptions regarding medical marijuana.</li> <li>6. 6. Discuss problems and solutions concerning proper monitoring of medical marijuana use.</li> </ol>	<p>Randy Tackett UGA College of Pharmacy</p>
4:30pm - 6:30pm	Reception/Exhibits	-----

**SATURDAY 10/22 (5.5 HOURS)**

8:00am - 8:55am (1 hour)	<p>Building Pharmacist-Physician Collaborative Rounds With Limited Resources in a Community Setting</p> <p>Objectives:</p> <ol style="list-style-type: none"> <li>1. Describe a stepwise method of establishing pharmacist-</li> </ol>	<p>Derek A. Gaul, PharmD, MBA, BCPS</p>
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	physician collaborative rounds 2. Design a limited resource coverage model and workflow 3. Analyze pilot phase summary data and current success	
9:00am - 10:30am	Exhibits/Breakfast	-----
10:30am - 11:55am (1.5 hours)	Are We Any Closer to Taming the Ketamine Tiger? Objectives: 1. Discuss the pharmacology of ketamine when used in the ED or ICU 2. Review the safety and efficacy of ketamine in the intensive care unit 3. Select the ideal patient to receive ketamine 4. List potential uses for ketamine in the ED 5. Discuss ketamine dosing recommendations for moderate sedation, pain, and agitation 6. Describe monitoring parameters recommended with ketamine administration	Chris Paciullo, Pharm.D. - Emory John Patka, Pharm.D. - Grady
12:00pm - 1:00pm	Lunch, Business Meeting	-----
1:00pm - 1:55pm (1 hour)	Treatment of Severe Alcohol Withdrawal Objectives: 1. Discuss the pathophysiology of alcohol withdrawal 2. Describe the pharmacologic treatment options for alcohol withdrawal 3. Review literature related to pharmacologic therapy for alcohol withdrawal	Stacey Folsie Emory University Hospital
2:00pm - 2:55pm (1 hour)	Obstetrics Update- There's a Bun in the Oven: What Pharmacists Need to Know 1. Discuss the changes to Pregnancy and Lactation labeling, implications of retiring the FDA Pregnancy Risk Categories, and useful references. 2. Summarize the physiologic changes in pregnancy and their effects on medication dosing. 3. Review over the counter and prescription medications used for relief of nausea and vomiting in pregnancy. 4. Describe medication protocols for the management of acute-onset, severe hypertension during pregnancy and post-partum.	Eliza Hoernle, BSPHarm, Pharm D OB Clinical Pharmacy Specialist - High Risk Perinatal Northside Hospital
3:00pm-3:55pm (1 hour)	Obstetrics Update Part 2- Preterm Labor Prevention and Treatment 1. Explain the mechanism, dosing, adverse effects, and monitoring parameters of the tocolytic agents. 2. Describe pharmacotherapy interventions performed in the preterm labor setting in order to have neonatal benefits. 3. Identify appropriate antibiotic therapy for Group B Strep prophylaxis. 4. Distinguish between the agents used for labor induction and identify dosing and adverse effects of these agents.	Lindsey Jackson, Pharm D, BCPS Labor and Delivery Clinical Pharmacist Northside Hospital Pharmacy
7:00pm - 10:00pm	SEC Football and Dinner	-----
<b>SUNDAY 10/23 (3 HOURS)</b>		
7:30am - 8:00am	BREAKFAST	-----
8:00am-8:55am (1 hour)	Incorporating MTM Services into Your Practice Objectives: Define medication therapy management (MTM) Discuss practice considerations for providing MTM services Conduct a medication therapy review for a patient case Identify resources available for providing MTM services	Ashley Hannings, PharmD, BCACP Division of Experience Programs UGA College of Pharmacy
9:00am-9:55am	Standing in the Analgesic Gap: Pharmacist's Role in Pain	

(1 hour)	<b>Management and Opioid Stewardship</b> <b>Objectives:</b> 1. Explain the impact of pain on individuals, health care institutions and society. 2. Review the evidence supporting pharmacy-based pain management and opioid stewardship. 3. Describe a model pharmacy-based pain management and analgesic stewardship program 4. Describe the experience and process for development and implementation of a pharmacy-based pain consult service 5. Identify educational resources for assessing and enhancing clinician's knowledge base in pain management and analgesic stewardship	Jasmine Jones, Pharm.D., CGP Clinical Pharmacist-Pain Specialist Wellstar Health System Kennestone Hospital
10:00am - 10:55am (1 hour)	<b>An Update on the Use of Pre-Reperfusion Beta-Blocker Therapy in ST-Elevation Myocardial Infarction</b> <b>Objectives:</b> 1) Review the pathophysiology of myocardial infarction 2) Elucidate the proposed mechanism of beta-blockers in myocardial infarction 3) Identify relevant guideline recommendations regarding early beta-blocker use 4) Analyze pertinent primary literature regarding the use of early beta-blockers	Hannah Dills, Pharm.D.

#### Hotel Reservations

To make your hotel reservation, call 1.800.201.3205 or 706.379.9900. To book online reservations through the [Brasstown Valley Resort website](#), enter block code GAS1019\_001 . The website will show sold out unless you enter the group code. Rate is \$170 + Tax and a \$10 + tax resort fee per night.

[Exhibit information](#)

## **Congratulations to the members below who were recently appointed by ASHP.**

**Patricia Knowles** appointed to the 2016 - 2017 Council on Education and Workforce Development Concerned with ASHP professional policies related to the quality and quantity of pharmacy practitioners. Within the Council's purview are (1) student education, (2) postgraduate education and training, (3) specialization, (4) assessment and maintenance of competence, (5) credentialing, (6) balance between workforce supply and demand, (7) development of technicians, and (8) related matters.

**Ken Jozefczyk** appointed to the 2016 - 2017 Council on Pharmacy Management Concerned with ASHP professional policies related to the leadership and management of pharmacy practice. Within the Council's purview are (1) development and deployment of resources, (2) fostering cost-effective use of medicines, (3) payment for services and products, (4) applications of technology in the medication-use process, (5) efficiency and safety of medication-use systems, (6) continuity of care, and (7) related matters.



**Beth Phillips and Marjorie Phillips** appointed to the 2016 - 2017 Commission on Credentialing  
Develops and recommends standards for accreditation of pharmacy residency training programs and administers the accreditation of these pharmacy residency training programs.

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**FREE CE for GSHP Members!**  
Webinar-  
September 8, 2016 - 12 noon-1:00 pm

## **Introduction to TEG for Pharmacists**

**Learning Objectives:**

- \* Describe the coagulation cascade and common monitoring tests
- \* Identify the role of thromboelastography (TEG) in management of anticoagulation with patients undergoing cardiac surgery or extracorporeal membrane oxygenation (ECMO)

**Speaker:**

**Andrea Sikora Newsome, Pharm.D., BCPS, BCCCP**  
**Critical Care Pharmacy Specialist - SICU/CTICU**  
**Augusta University**



Georgia Society of Health-System Pharmacists is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. This program is approved for 1 hour (0.1 CEUs) of continuing pharmacy education credit. Proof of participation will be posted to your NABP CPE profile within 4 to 6 weeks to participants who have successfully completed the post-test.

© Participants must participate in the entire presentation and complete the course evaluation to receive continuing pharmacy education credit. UAN # 0228-0000-16-125-L01-P

This is a member service of GSHP. There is no charge for members to attend. Non-members will be charged \$20.

**Members:**

To register: <https://attendee.gotowebinar.com/register/7372876751634382852>

Non-member registration: Email [sglass@gshp.org](mailto:sglass@gshp.org)

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## **Clinical Article**

### **A Review of Cannabis Hyperemesis Syndrome**

Cashin Davis, Pharm.D. Candidate 2018

Betsy Fowler, Pharm.D. Candidate 2018

Folashade Maxwell-Shittu, Pharm.D. Candidate 2018

Stephanie V. Phan, Pharm.D., BCPP

Clinical Assistant Faculty

University of Georgia, College of Pharmacy

Southwest Georgia Clinical Campus

Cannabis is the most recreationally abused drug in the United States.<sup>1</sup> Furthermore, cannabis abuse is typically initiated during the middle to late stages of adolescence.<sup>2</sup> Not only is cannabis popular as a recreational drug, but it is becoming increasingly popular as a medicinal drug. Medicinal cannabis is often used for treatment of nausea and emesis as well as appetite stimulation.<sup>1</sup> For some users, however, there can be a paradoxical effect: Cannabis Hyperemesis Syndrome (CHS), which was first described in 2004.<sup>2</sup> CHS is characterized by abdominal pain, severe nausea and vomiting. Patients with this syndrome often relieve these symptoms by compulsively taking hot baths or showers.<sup>1</sup> These cyclic episodes often last 2-4 days and the syndrome may only be relieved by cessation of cannabis use.<sup>3</sup> Anti-emetic medications will not help alleviate the symptoms of CHS.<sup>3</sup> CHS is often accompanied by decreased food intake and subsequent weight loss due to repetitive vomiting and abdominal discomfort.<sup>1</sup> This syndrome is comprised of three noticeable phases: prodromal, hyperemetic, and recovery.<sup>1,4</sup> The prodromal phase consists of nausea, abdominal pain, and a fear of vomiting. The hyperemetic phase consists of intense vomiting and nausea. Lastly, the recovery phase begins with cessation of cannabis use.<sup>1,4</sup> According to one review, the necessary criterion for diagnosis is that the patient is a cannabis user for longer than one year, although some patients do report <1 year of cannabis use.<sup>3</sup> As of May 2016, there were over 80 published cases of CHS.<sup>3</sup>

The mechanism of this syndrome is still poorly understood at this time, but one proposed mechanism speculates it is due to the overstimulation of the cannabinoid receptors type 1 (CB<sub>1</sub>).<sup>5</sup> CB<sub>1</sub> receptors can be found in the intestinal mucosa, and acute cannabis use could lead to slowed gut motility and delayed gastric emptying, though patients do not always experience symptoms of reduced gut motility (e.g. bloating).<sup>1</sup> The CB<sub>1</sub> receptors are also found in the hypothalamus; these receptors are involved in the control of thermoregulation. The presence of the CB<sub>1</sub> receptors at the hypothalamus may explain the relationship of CHS to symptom relief with hot baths and showers.<sup>1</sup> Also, it is speculated that the chronic use of cannabis can lead to a toxic build-up of cannabinoids, therefore down-regulating CB<sub>1</sub> receptors. *Trans-?*<sup>9</sup>-tetrahydrocannabinol (*?*<sup>9</sup> THC) is the primary psychoactive component in cannabis. When down-regulation of CB<sub>1</sub> receptors occurs, the usual agonistic effects of *?*<sup>9</sup> THC may display antagonistic effects.<sup>1</sup> This may explain the paradoxical symptom of emesis and nausea that may occur with chronic cannabis use.<sup>1</sup>

Based on case series and reviews, the clinical criteria for CHS includes major diagnostic features such as long term cannabis use, severe cyclical abdominal pain, nausea and vomiting, resolution with cannabis cessation, and temporary relief of symptoms with hot showers or baths.<sup>2,6</sup> Multiple patients in case reports demonstrated all of these clinical criteria. In particular, patients compulsively take hot baths during acute attacks, a phenomenon prominently seen in almost all prior reports in the literature.<sup>2,6</sup> Additional diagnostic features found amongst many of the cases include age younger than 50 years, greater than 5 kg weight loss, symptoms mainly occurring in the morning, normal bowel habits and negative findings on diagnostic testing.<sup>2,6</sup> Secondary features, including effects on the patients' social and work life, are common amongst many cases.<sup>2</sup>

A recently published review of six patients who were diagnosed with CHS involved patients from 22 to 37 years of age.<sup>3</sup> Patients were admitted to the hospital an average of 10 times with uncontrollable vomiting.<sup>3</sup> All patients reached remission after an average of 3.6 days cessation from cannabis use.<sup>3</sup> Metoclopramide, ondansetron, and diazepam were used to control nausea and

anxiety. The medications temporarily relieved the symptoms for a minimum of 1 and maximum of 4 hours in the studied patients.<sup>3</sup> The nausea and vomiting subsequently returned with equal intensity.<sup>3</sup>

Long-term follow-up and prognosis for CHS has not been reported because the syndrome is fairly new.<sup>2</sup> However, one specific case in literature followed a CHS patient for nine years after he was advised to stop smoking cannabis.<sup>2</sup> This patient's symptoms and hot shower self-treatment resolved and his quality of life substantially improved.<sup>2</sup> Unfortunately, many patients do not want to stop cannabis, even when presented with the facts that the cannabis could be causing the patient his/her symptoms.<sup>2</sup> It is important to note that some patients are psychologically addicted to marijuana and show considerable denial when confronted with the possibility that marijuana, which is known to have anti-nausea properties, may be the actual cause of his or her chronic nausea and abdominal pain symptoms.<sup>2</sup> With this in mind, it can be difficult for patients to abstain from using cannabis for long periods.<sup>2</sup> Other strategies (e.g. counseling) may also be considered to help the patient stop using cannabis.

Recognition of this syndrome in its early stages could potentially avoid unnecessary costs associated with hospital visits and workups, which can also be unpleasant for the patient.<sup>3</sup> It is useful to identify whether the patient has compulsive bathing in hot water, since this phenomenon has yet to be seen in other conditions.<sup>2</sup> Healthcare professionals should be more aware of this syndrome, especially since marijuana use is becoming more prevalent and with its legalization in more states in America.<sup>2</sup> In conclusion, clinicians should be highly suspicious of possible CHS in patients with unexplained chronic vomiting, abdominal pain, and compulsive hot bathing. Quick identification of a patient with CHS can improve his/her quality of life, reduce medical costs, and lead to resolution of symptoms with complete cannabis abstinence.<sup>2</sup>

## References

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